



Notice of Privacy Practices for Protected Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Washington County Memorial Hospital (WCMH) and its entities Health Way Primary Care, Austin Plaza Primary Care, Resolutions Behavioral Health Services, Potosi Rural Health Clinic, Bonne Terre Medical Group and Washington Medical Associates and its employees, volunteers and Medical Staff follow the privacy practices described in this notice. This notice which was developed to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), describes the general ways your protected health information (PHI) may be used and disclosed in order for WCMH to provide you with medical treatment, collect payment for services rendered to you by WCMH and to facilitate WCMH health care operations. PHI, as defined by HIPAA, means your personal health information which is found in your medical and billing records and which relates to your past, present, or future physical or mental health conditions or the provisions of payment for services related to those health conditions. During the course of treatment, payment and health care operations activities, this may include information created or received by health care providers, insurance companies, and/or your employer. The health and billing records we maintain are the physical property of Washington County Memorial Hospital and its entities.

Effective Date 3/16/2020

Your Health Information Rights

You have the following rights regarding your PHI. To exercise any of the following rights, you must submit a written request. Forms are available by contacting the HIPAA Officer at 573-438-5451 ext. 300.

- **A copy of this notice.** You may obtain a paper copy of this notice at any time, even if you have been provided with an electronic copy. You do not have to submit a written request to obtain the notice. Paper copies of the notice may be obtained from any registration or admission desk. You may obtain an electronic copy of this notice on our website: <https://wcmhosp.org>
- **Inspect and copy.** You may inspect and/or receive a copy of your PHI maintained by WCMH. WCMH may charge you a reasonable fee for copying your information.
- **Request amendment.** If you believe your PHI maintained by WCMH is incorrect or incomplete, you may request an amendment to your information. WCMH is not required to agree with your request.
- **Request restriction.** You may request limitations on how WCMH uses and/or discloses your PHI. To request a restriction, you must submit completed Request for Restriction of Protected Health Information form.
- **Out of pocket payments.** If you paid out of pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **Receive confidential communications.** You may request communication from WCMH regarding your PHI be provided to you in a certain way or at a certain location. For example, you may prefer to receive mail regarding your PHI at an address other than your usual mailing address. You must specify how or where to wish to be contacted.
- **Accounting of disclosures.** You may request a list of disclosures made by WCMH of your PHI to persons or entities other than for the purposes of treatment, payment or health care operations. This list will contain each disclosure WCMH has made for the past six (6) years. If you make more than one request in a 12-month period, WCMH will charge you a reasonable fee.
- **Breach notification.** Patient shall be notified of a breach of PHI.

Our Responsibilities

WCMH is required by laws to ensure that your PHI is kept private in accordance with federal and state law and provide you with notice of WCMH's legal duties and privacy practices with respect to your PHI. WCMH is required to abide by the terms of this notice as long as it is in effect.

Use and Disclosure of your Protected Health Information

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would be during the course of your treatment, or hospitalization, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

- **Appointments and Alternatives.** WCMH may use and disclose your PHI to contact you to provide appointment reminders, prescription refill reminders, information about disease management or wellness programs and other communications regarding your case management or health care coordination.
- **Business Associates.** WCMH may disclose your PHI to WCMH business associates in order to carry out treatment, payment or health care operations.
- **Coroners, Medical Examiners and Funeral Directors.** WCMH may disclose PHI to a coroner or medical examiner to identify a deceased person to determine the cause of death or as otherwise permitted by law. WCMH may also disclose PHI about patients of WCMH to funeral directors as necessary to carry out their duties.
- **Correctional Institutions.** If you are an inmate of the correctional institution or under the custody of a law enforcement official, WCMH may disclose your PHI to the correctional institution or law enforcement official to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution or law enforcement official.
- **Fundraising Activities.** WCMH may use certain portions of your PHI including your name, address, phone number, and the dates you received treatment or services at WCMH to contact you regarding efforts to raise funds to support hospital programs and operations. If you do not want WCMH to contact you for a contribution or fundraising program, please contact WCMH administration office at 573-438-5451.
- **Health Oversight Activities.** WCMH may disclose your PHI to the health oversight agency or entity for activities authorized by law, such as audits, investigations, inspections, and licensure.
- **Hospital Directory.** WCMH may use your PHI to maintain a hospital directory while you are a patient in Washington County Memorial Hospital. This information includes your name, your location in the hospital, age, and general condition. In the event that you do not wish your directory information to be available, you may notify the hospital at the time of your admission.
- **Individual Involved in Your Care.** WCMH may disclose your PHI to a family member, other relative, or close personal friend who is involved in your medical care unless you tell us otherwise.
- **Law Enforcement.** WCMH may disclose your PHI for law enforcement purposes, as required by law or in response to a valid subpoena.
- **Lawsuits and Disputes.** WCMH may disclose your PHI in response to a court or administration order. In addition, WCMH may disclose your PHI in response to a valid subpoena, discovery request, or other lawful process.
- **Organ and Tissue Donation.** WCMH may disclose PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Public Health Activities.** As required by law, WCMH may disclose your PHI for public health activities, including but not limited to, the prevention of disease, injury, or disability, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medications or product problems, notification of recalls, infectious disease control, notifying government authorities of suspected abuse, neglect or domestic violence. WCMH may disclose portions of your PHI to local, state and/or federal registry programs as required.
- **Research.** WCMH may disclose your PHI to researchers when the research has been legally approved and protocols have been established to ensure the privacy of your PHI.
- **Serious Threat to Health or Safety.** WCMH may use and disclose your PHI when deemed necessary to prevent a serious threat to your health and safety or the health and safety of the public or other person
- **Workers' Compensation.** WCMH may disclose your PHI to workers' compensation or similar programs to the extent necessary to comply with laws relating to workers' compensation or similar programs.

Written Authorization

Except as described above, WCMH will not use or disclose your PHI unless you authorize WCMH to do so, in writing, on the form provided by WCMH. You may revoke any prior authorization in writing. A written revocation will not apply to any previous use or disclosure of PHI made in good faith under prior authorization.

- Your written authorization must be obtained prior to using your PHI to send you any marketing materials. However, marketing material can be provided to you in a face to face encounter without obtaining authorization. In addition, WCMH and health professionals may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, provider or care settings without your authorization.
- Your authorization must be obtained prior to any release of psychotherapy notes/highly confidential information. Federal and state law requires special privacy protections for certain highly confidential information about you.
- Your authorization must be obtained for disclosure that constitutes a sale of PHI.

An authorization form and revocation of authorization form are available by contacting WCMH Health Information Management Department at 573-438-5451 ext. 300 or ext. 380 or at www.wcmhosp.org

Changes to This Notice

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. A copy of the current notice will be posted at patient service locations throughout WCMH and on our website at www.wcmhosp.org. The effective date of the notice shall appear on the first page of the notice. In addition, each time you register at or are admitted to WCMH for treatment or health care services, WCMH will have available for you, at your request, a copy of the current notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a written complaint to Millie Smith, Compliance Officer, Washington County Memorial Hospital, 300 Health Way, Potosi, Mo 63664 at 573-438-5451, extension 380 or emailing the complaint to corpcomp@wcmhosp.org. At no time will you be subject to retaliation for filing a complaint. You may also forward your complaint to the Secretary of Health and Human Services in Washington, D.C.

Contact If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Regina Hulseley, HIPAA, at 573-438-5451 extension 300.